

WEST AKRON BASEBALL & SOFTBALL LEAGUE (WABL)

2010 T-BALL REGISTRATION FORM

T-Ball Information

- All 5, 6, and 7 year old boys and girls as of April 1, 2010 will be permitted to register.
- Participants will be instructed on the basic skills of T-Ball and will play every game.
- Each player will receive a team hat, team t-shirt and a participation medal.
- All players must provide his/her own baseball glove.
- Practices begin the week of June 21, 2010.
- Games begin the week of July 12, 2010, and end the week of August 5, 2010.
- Questions? Contact Kevin Floyd or Jim Weber with **WABL** at (330) 867-4332.

T-Ball Cost

- \$40 per participant
- Fee will be collected in full at the time of registration.
- Make checks payable to **WABL**
- Return this form with payment by May 21, 2010, to the Northwest Family Recreation Center or mail to: **WABL**, P.O. Box 5751, Akron, Ohio 44372-5751 by June 11, 2010.

Participant's Name: _____

Age: _____ Birthday: _____ Male: _____ Female: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

E-Mail Address: _____

School: _____ 2009 Team: _____

You may choose one other participant to be on the same team. That participant must also have your child's name on his/her form. Siblings are automatically placed on the same team.

Name of Friend: _____

Game Day Preference:

Monday/Wednesday: _____ Tuesday/Thursday: _____ No Preference: _____

T-Shirt Size (circle one): Youth X-Small (2-4) Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)

Volunteers are needed! No experience necessary! Coach: _____ Assistant Coach: _____ Team Helper: _____

West Akron Baseball & Softball League (WABL) – T-Ball Parent Authorization

I, _____, the parent/legal guardian of _____ do hereby give my approval and consent to my child's participation in any and all league and team activities during the current season. I agree to assume all risks and hazards incidental to such participation, including transportation to and from league and team activities. I agree to release and hold harmless the West Akron Baseball & Softball League (WABL), its officers, directors, coaches, volunteers, umpires/officials and participants from any and all causes of action, claims, and demands arising out of personal injury, damage or loss sustained by my child, myself, or any other interested person or organization by reason of my child's participation in league or team activities. I certify that the above child has been given a physical examination in the year prior to the current season and that the above child is in good health and physical condition to participate in all league and team activities. I will furnish a birth certificate for my above named child upon request of the league. In the event that I cannot be reached in an emergency, I hereby provide my consent and approval to the adult person in charge to secure proper emergency medical assistance.

Parent/Legal Guardian

Date